Approved for use through 7/31/2006, OMB 06510032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 700,034 10 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY (Cotumn 2) (Column 1) SMALL ENTITY NUMBER FILED FOR NUMBER EXTRA FEE RATE · FEE BASIC FEE (37 CFR 1.16(a)) OR × ,<u>5</u>0. (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) x <u>s 100</u>2 200 minus 3 = OR 360 .180 MULTIPLE DEPENDENT CLAIM PRESENT . (37 CFR 1.16(d)) OR " If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Cotumn 3) (Column 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST ⋖ REMAINING 10 NUMBER-PRESENT RATE ADDI-RATE 3105 TIONAL ENDMENT AFTER PREVIOUSLY EXTRA TIONAL AMENDMENT PAID FOR FEE FEE Total (31 OFR 1.16(c)) Minus .,25. , **, 5**0 -20 OR Independent (37 OFR 1,160)) Minus 4 x s 100. x 5200 OR + \$ 180= +.360 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 2) (Column 1) (Catumn 3) CLAIMS HIGHEST œ REMAINING NUMBER PRESENT RATE ADDI-RATE ADD1 AFTER PREVIOUSLY **EXTRA** TIONAL AMENDMENT PAID FOR FEE FEE ENDME Minus x . 25. Total (37 CFR 1.16(c)) 0 x s 50 = OR Independent (37 CFR 1.16(b)) Minus x s 100= L x s 2000. OR ₹ . 180. + 36Q FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE (Cotumn 1) (Column 2) (Catema 3) HIGHEST CLAIMS O PRESENT REMAINING NUMBER RATE ADDI-RATE EXTRA PREVIOUSLY TIONAL AFTER TIONAL FEE AMENDMENT PAID FOR FEE ENDME Total Minus ್ಷ್ಯ ಶ೦. OR independent (3) OFR 1.16(b)) Minus × , 200 x 5 100 OR ₹ ,360. . 180. FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADDIFEE OR ADO'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
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The T-tighest N ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.